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CONFIRMATION NO. 9198

Bib Data Sheet

SERIAL NUMBER 10/039,760	FILING OR 371(c) DATE 01/03/2002	CLASS 424	GROUP ART UNIT 1645	ATTORNEY DOCKET NO. UBCV-0006
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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/259,818 01/04/2001 *PAID*

** FOREIGN APPLICATIONS *****

N/A

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

** 03/25/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CANADA	SHEETS DRAWING 9	TOTAL CLAIMS 34	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after				
conditions met Allowance				
Verified and <i>PAID</i>				
Acknowledged Examiner's Signature	Initials			

ADDRESS

23377

TITLE

Enterohemorrhagic escherichia coli vaccine

FILING FEE RECEIVED 1548	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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